SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J40694** **(8)**

1. Corporation Name
SUGARMILL WOODS SALES, INC.

Principal Place of Business
8120 S SUNCOAST BLVD
HOMOSSA FL 34446
US

Mailing Address
515 OLIVE
STE 1400
ST LOUIS MO 63101
US

3. Date Incorporated or Qualified: **11/03/1986**
3a. Date of Last Report: **08/03/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 212 South Central
Suite, Apt. #, etc.
27 Suite 100
City & State
28 St. Louis, MO
Zip 29 63105 Country 30

4. FEI Number: **59-2733876** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
MOORE, JAMES E III
1625 W MARION AVE
STE 2
PUNTA GORDA FL 33950

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Signature of Officer or Director if Applicable (NOTE: Registered Agent's signature required if agent is resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD ☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME	SCHIFFER, LAURENCE A.	1.2 NAME	
STREET ADDRESS	515 OLIVE ST, STE 1400	1.3 STREET ADDRESS	212 South Central, Suite 100
CITY-ST-ZIP	ST LOUIS MO	1.4 CITY-ST-ZIP	St. Louis, MO 63105
TITLE	P ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	STOCKER, JANICE	2.2 NAME	
STREET ADDRESS	8120 S. SUNCOAST	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA FL	2.4 CITY-ST-ZIP	
TITLE	VP ☐ DELETE	3.1 TITLE	☑ Change ☐ Addition
NAME	SCHIFFER, RODNEY M.	3.2 NAME	
STREET ADDRESS	515 OLIVE ST, STE 1400	3.3 STREET ADDRESS	212 South Central, Suite 100
CITY-ST-ZIP	ST LOUIS MO	3.4 CITY-ST-ZIP	St. Louis, MO 63105
TITLE	SD ☐ DELETE	4.1 TITLE	☑ Change ☐ Addition
NAME	LOVE, ANDREW S. JR.	4.2 NAME	
STREET ADDRESS	515 OLIVE ST, STE 1400	4.3 STREET ADDRESS	212 South Central, Suite 100
CITY-ST-ZIP	ST LOUIS MO	4.4 CITY-ST-ZIP	St. Louis, MO 63105
TITLE	AST ☐ DELETE	5.1 TITLE	☑ Change ☐ Addition
NAME	CLEMENT, GLORIA D.	5.2 NAME	
STREET ADDRESS	515 OLIVE ST, STE 1400	5.3 STREET ADDRESS	212 South Central, Suite 100
CITY-ST-ZIP	ST LOUIS MO	5.4 CITY-ST-ZIP	St. Louis, MO 63105
TITLE	☐ DELETE	6.1 TITLE	Assistant Treasurer ☑ Change ☐ Addition
NAME		6.2 NAME	Annette Kovarik
STREET ADDRESS		6.3 STREET ADDRESS	212 South Central, Suite 100
CITY-ST-ZIP		6.4 CITY-ST-ZIP	St. Louis, MO 63105

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gloria D. Clement — GLORIA D. CLEMENT — 8/5/96 — (314) 512-8711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)

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